



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400001

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONCORD ELK'S CLUB INC.

DOING BUSINESS AS

ADDRESS 221 BAKER AVE.

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: RIORDAN SR.,
JOHN T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE ON LOWER LEVEL; BANQUET ROOM ON SECOND FLOOR & ELKS BAR
LOUNGE ON LOWER LEVEL; BANQUET ROOM ON SECOND FLOOR & ELKS BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400002

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON,LLC

DOING BUSINESS A 99 RESTAURANT-PUBS

ADDRESS 13 COMMONWEALTH AV.

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: KRIEGER, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ FT BDLG WITH 99 SEATS. 1ST FLR; SERVICE KITCHEN, RESTROOMS, ONE MAIN DINING ROOM, ONE ENTRANCE AND EXIT TO THE FRONT, 2 EXITS IN REAR; BASEMENT WITH 1 EXIT. EMERGENCY EXIT AND EXTENSION OF DINING ROOM

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400003

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPA RIZZA TRATTORIA OF CONCORD

DOING BUSINESS AS PAPA RIZZO

ADDRESS 768 ELM ST.

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: ROMAN JR,
EFFRAIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES; TWO EXITS, TWO REAR DOORS FOR RECEIVING AND SHIPPING; 3 DINING ROOMS AND COCKTAIL LOUNGE ON MAIN FLOOR; 2 OFFICES AND EMPLOYEES DINING ON SECOND FLOOR. CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400004

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M. L. RESTAURANT GROUP, INC.

DOING BUSINESS AS MICHAEL'S RESTAURANT

ADDRESS 208 FITCHBURG TPK

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: DOCARMO, MAURITYPE OF LICENSE: Restaurant
CIO

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR
FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING
ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE

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LICENSE NUMBER: 024400005

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARNEIRO RESTAURANT CORP

DOING BUSINESS AS ROSSINI'S PIZZERIA

ADDRESS 206 FITCHBURG TPKE.

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: ALMEIDA, GILBERT
TYPE OF LICENSE: Restaurant
T.C.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME STRUCTURE WITH BASEMENT; SEATING FOR 22 CUSTOMERS.
TWO EXITS; ONE LAVATORY FOR MEN AND WOMEN

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400007

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE MERRY HILL CORPORATION

DOING BUSINESS AS COLONIAL INN

ADDRESS 48 MONUMENT SQUARE

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: DEMISCH,
JURGEN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

INN CONSISTING OF 5 BUILDINGS 2,3 AND 4 FLOORS OF PUBLIC AND PRIVATE HOTEL ROOMS. THREE COCKTAIL ROOMS ALL ON MAIN FLOOR. 56 ROOMS ON VARIOUS FLOORS . OPEN AIR PORCH AREAS LOCATED AT THE FRONT OF THE INN

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400008

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MUSKETAQUID SPORTSMEN'S CLUB, INC

DOING BUSINESS AS

ADDRESS OFF OLD MILL ROAD

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: NIGRO,

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

ANTHONY J. JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE; ONE STORY AND BASEMENT; MEETING HALL,
KITCHEN, RESTROOMS, LOUNGE, BAR, STORAGE ROOMS ON MAIN FLOOR. 3 ENTRANCES
AND EXITS. CELLAR, STORAGE AND ONE EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400009

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONCORD ROD & GUN CLUB INC.

DOING BUSINESS AS

ADDRESS 74 STRAWBERRY HILL ROAD

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: ANDERSON,
CHARLES F.

TYPE OF LICENSE: Club

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CLUBHOUSE WITH BASMENT 1ST FLR HALL, ENCLOS ED PORCH,
CLUBROOM, KITCHEN, ENTRY HALL, 2 STORAGE LOCKERS. BASEMNT 2 STORA GE RMS
RESTROOMS INDOOR RANGE, AMORY, CARD RM AND LOUNGE SEPARATE LOUNGE, 3
ENT./EXITS IN BASEMENT, OUTSIDE PATIO, OUTSIDE DECK.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400011

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NASHAWTUC COUNTRY CLUB, INC.

DOING BUSINESS AS

ADDRESS 1861 SUDBURY ROAD

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: SHULTZ,RICHARD TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUBHOUSE; 2 ENTRANCES AND EXITS FROM GRILL ROOM, 3 ENTRANCES AND EXITS FROM DINING ROOM. 2 ENT/EXITS FROM MEMBER'S LOUNGE. 2 STORY WOOD BLDG. 1ST FLR; DINING ROOM, GRILL ROOM, MEMBERS LOUNGE, OFFICE AND RESTROOMS. GROUND FLR; LOCKER ROOM, STORAGE, PATIO, RESTROOMS, 2 LOUNGES

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400015

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARTICHOQ, INC.

DOING BUSINESS AS VINTAGES, ADVENTURES IN WINE

ADDRESS 053-55 COMMONWEALTH AVE

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: BROEGE, ERIC

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1050 SQ. FT. OF RETAIL SPACE WITH 1400 SQ.FT. BASEMENT STORAGE IN ONE STOREY STRUCTURE.

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400016

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST CONCORD SUPER MARKET, INC.

DOING BUSINESS AS

ADDRESS 24 COMMONWEALTH AVENUE

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: MANDRIOLI,
PETER J JR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; ONE ROOM FOR SALES, 3 STORAGE ROOMS, 3 RECEIVING DOORS, 2
SALES ROOM DOORS

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400018

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST CONCORD LIQUOR STORE, INC.

DOING BUSINESS A Concord Wine & Spirits

ADDRESS 1216 MAIN STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: SAIA, JOSEPH C

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60x60 one floor, entrance in front for customers and two entrances in rear for deliveries. Front room 40x50 for sales, loft overhead for storage

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400019

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NINE ACRE WINES, INC

DOING BUSINESS AS

ADDRESS 1624 SUDBURY ROAD

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: TARANTO,
THOMAS G

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR ENT/EXIT AT FRONT OF STORE. 2 REAR DOORS. FULL BASEMENT UNDER
ENTIRE BUILDING

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400020

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONCORD PROVISIONS, INC

DOING BUSINESS AS

ADDRESS 073-75 THOREAU ST

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: RISTUCCIA, STACEY
TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; SALES ROOM IN FRONT WITH ENTRANCE. BACK ROOM FOR STORAGE
WITH DOOR. CELLAR STORAGE WITH EXIT INTO ALLEY

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400022

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE GRATEFUL GOURMET, INC.

DOING BUSINESS AS THE CHEESE SHOP

ADDRESS 029-31 WALDEN STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: LOVIS, PETER S.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PATRON ENTRANCE AT FRONT OF BUILDING. EXIT AT REAR AREA. . 3 ROOMS, CELLAR
USED FOR DRY GOODS STORAGE 1,900 SQ. FT. OF FLOOR.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 024400023

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WESTLAND BEVERAGES, INC

DOING BUSINESS AS WALDEN LIQUORS

ADDRESS 18 REAR WALDEN ST.

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: WINDHEIM,
ROBERT C

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,200 SQ. FT. OF SALES AREA ON STREET LEVEL WITH 2 ENTRANCES FACING THE
MUNICIPAL PARKING LOT AND A REAR DOOR THAT ACCESSES THE COMMON AREA
RECEIVING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400025

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHING DYNASTY INC

DOING BUSINESS AS ASIAN GOURMET/SUSHI HOUSE

ADDRESS 794 ELM ST

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: CHING, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE EXITS: KITCHEN FRONT ENTRY AND REAR AT DINING ROOM, DINING ROOM AND SECOND FLOOR. SEATING CAPACITY: TOTAL NUMBER OF SEATS NOT TO EXCEED 100: FIRST FLOOR SEATING 45 AND SECOND FLOOR SEATING 55: BAR: NEB; S AND WOMEN'S RESTROOMS: KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400026

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAI-SEN, INC

DOING BUSINESS AS CHANG AN

ADDRESS 10 CONCORD CROSSING

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: chang, tai-na

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF TWO STORY BLDG CONSISTING OF TWO DINING ROOMS, BAR AND LOUNGE WITH ONE MAIN ENTRANCE AND THREE EMERGENCY EXITS CONTAINING AS ALTERED 186 SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400027

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLDER, INC.

DOING BUSINESS AS VINCENZO'S PASTA

ADDRESS 1200 MAIN ST

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: CICERCHIA,
VINCENT C. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ FT RESTAURANT OF SPACE. ONE EXIT LOCATED AT REAR OF BLDG. MAIN ENTRANCE IN FRONT OF BLDG. ONE MAIN FUNCTION ROOM INCLUDES KITCHEN SPACE. THIRD EXIT ON SIDE OF BLDG. SEATING 94. SEASONAL PATIO AREA ON SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400029

CITY OR TOWN **CONCORD**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LA PROVENCE CORP.**

DOING BUSINESS AS **LA PROVENCE**

ADDRESS **105-07 THOREAU STREET**

CITY/TOWN: **CONCORD**

STATE: **MA**

ZIP CODE: **01742**

MANAGER: **Didier,Robert A**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE CONSISTS OF CAFE', PRIVATE RM. OFFICE, FOOD PREP. AREA, STORAGE, 3 BATHRMS., 4 ENTRANCES/ EXITS. INTERIOR DOOR TO CAFE'. 2 OUTSIDE TABLES WITH TOTAL OF 4 CHAIRS BY FRONT DOOR. SEATING CAPACITY. 59 SEATS INSIDE 4 SEATS OUTSIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400030

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JACQ. INC

DOING BUSINESS AS SERAFINA

ADDRESS 195 SUDBURY RD

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: CANNAROZZI,
SAMUEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG HAVING ONE SERVING AREA, ONE KITCHEN, ONE PREP AREA, ONE
DINING ROOM ONE STORAGE ROOM ONE ENTRANCE AND TWO EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400031

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 42 MAIN STREET'S MARKET & CAFE, INC.

DOING BUSINESS A MAIN STREET'S MARKET & CAFE

ADDRESS 42 MAIN STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: ANDERSON,
DAVID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR APPROX. 2,500 SQ. FT. WITH STORAGE IN BASEMENT APPROX. 1,000 SQ. FT.
SEATING CAPACITY 50 SEATS MAXIMUM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400033

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FARFALLE, INC.

DOING BUSINESS AS FARFALLE ITALIAN MARKET

ADDRESS 26 CONCORD CROSSING

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: NASSON, GINA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1200 SQ. FT. STOREFRONT WITH AN ENTRANCE IN FRONT AND THE SIDE. THERE IS AN
EMERGENCY EXIT. THE ALCOHOL WILL BE STORED IN A LOCKED 200 SQ. FT. STORAGE
SPACE IN THE BACK OF THE STORE SPACE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400034

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 12 LLC

DOING BUSINESS AS COMELLA'S

ADDRESS 12 WALDEN STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: COMELLA,
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT WITH SEATING FOR 27 WITH STORAGE ON THE SECOND FLOOR AND 2 FRONT ENTRANCES. AND SEATING ON THE OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400035

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 80 THOREAU LLC

DOING BUSINESS AS 80 THOREAU

ADDRESS 80 THOREAU STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: CALHOUN, IAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 3,100 SQ. FT. ON THE SECOND FLOOR USED FOR DINING, BAR AND KITCHEN AND 700 SQ. FT. IN THE BASEMENT FOR STORAGE IN BLDG. KNOWN AS THE "CONCORD DEPOT" LOCATED AT 80 THOREAU ST. RESTAURANT HAS 74 SEAT DEDICATED TO DINING AND 18 SEATS THAT MAKE-UP THE BAR AND BAR AREA. PLEASE SEE THE ATTACHED FLOOR PLAN SHOWING THE DEDICATED ENTRANCE TO THE DINING ROOM AS WELL AS TWO ADDITIONAL MEANS OF EGRESS ONE THROUGH THE CORE OF THE BUILDING AND EXTERIOR FIRE ESCAPE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400036

CITY OR TOWN CONCORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NTINOS PHASE II INC.

DOING BUSINESS AS DINO'S KOUZINA & PIZZERIA

ADDRESS 1135 MAIN STREET

CITY/TOWN: CONCORD

STATE: MA

ZIP CODE: 01742

MANAGER: TATAS, PERSE B. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1033 SQ FT RESTAURANT WITH SEATING CAPACITY OF 24 AND THREE EMPLOYEES ON THE LARGEST SHIFT AND WITH 3 ENTRANCES; A FRONT DOOR, BACK DOOR, AND SIDE DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

